

#814-03  
AUG 13 2003  
RECEIVED  
PATENT & TRADEMARK OFFICE  
TECH CENTER 1600/2900

Docket No. 10806-146

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non Fee Amendment; Commissioner for Patents, PO Box 1450; Alexandria, VA 22313-1450 on August 7, 2003.

Holly D. Kaylouise

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Helene Richardson et al : Paper No.:  
Serial No.: 10/035,963 : Group Art Unit: 1614  
Filing Date: November 9, 2001 : Examiner: Z.A. Fay  
For: **Improved Treatment**

**AMENDMENT**

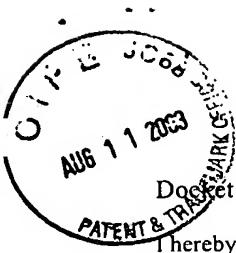
Mail Stop Non Fee Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action dated May 7, 2003, please amend the present application as follows:

**Amendments to the Claims** are reflected in the listing of the claims beginning on page 2 of this paper.

**Remarks** begin on page 9 of this paper.



RECEIVED  
AUG 13 2003  
TECH CENTER 1600/2000  
PATENT

Docket No: 10806-146

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non Fee Amendment; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on August 7, 2003.

*Holly D. Kozlowski*

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Helene Richardson et al : Paper No.:  
Serial No.: 10/035,963 : Group Art Unit: 1614  
Filing Date: November 9, 2001 : Examiner: Z.A. Fay  
For: **Improved Treatment**

Mail Stop Non Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

additional fee is required.  
 also attached:

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	37	37	0	x \$18 =	\$--
Independent Claims	2	3	0	x \$84 =	\$--
<b>TOTAL FEE DUE</b>					\$--

Please charge the amount of \$\_\_\_\_ to our Visa credit card. Form PTO-2038 is enclosed.  
 The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By:

*Holly D. Kozlowski*  
Holly D. Kozlowski  
Registration No. 30,468

DINSMORE & SHOHL, LLP  
1900 Chemed Center  
255 East Fifth Street  
Cincinnati, Ohio 45202  
(513) 977-8568  
**Date: August 7, 2003**